

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	FILING DATE
						APPLICANT(S)	
4-7-77						CLAIMS	
	AD FILER		APPLICANT AUTHORITY		APPLICANT AUTHORITY		
	CID	DEP	CID	DEP	CID	DEP	
1							31
2	1		1				32
3		1		1			33
4		3		1			34
5	1		1				35
6		1		1			36
7		1		1			37
8		3		3			38
9		3		3			39
10		1		1			40
11		3		3			41
12		3		1			42
13		3		1			43
14				1			44
15				1			45
16				1			46
17				1			47
18				1			48
19				1			49
20				1			50
21				1			
22				1			
23				1			
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48							
49							
50							
TOTAL IND.						TOTAL IND.	
TOTAL DEP.						TOTAL DEP.	
TOTAL CLAIMS						TOTAL CLAIMS	